



COMMONWEALTH of VIRGINIA
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MEMORANDUM

TO: ALL ALS ACCREDITED PROGRAMS
FROM: Gregory S. Neiman, BLS Training Specialist, Virginia Office of EMS
DATE: August 11, 2014
SUBJECT: OEMS Document TR-17B *Experiential Learning Credit for Experienced I-99 bridging to Paramedic via I to P Course*

Attached please find the revised TR-17B *Experiential Learning Credit for Experienced I-99 bridging to Paramedic via I to P Course*

This document was approved by the EMS Advisory Board at their August 2014 meeting and is approved for implementation for all current and future I to P students

This document was updated by a workgroup of the Training and Certification Committee, composed of Virginia EMS Providers, Accredited Program Directors, and Virginia Community College System (VCCS) Program Coordinators. The workgroup sought input from all accredited programs in Virginia and review as the new requirements were developed. This was created to provide a way for Intermediate's who have been certified for a period of time to utilize their field experience towards the completion of the I to P bridge. I to P students who have been out of school less than 2 years may have their Intermediate competencies counted towards their Paramedic competencies based upon the policies of the program.

There are some significant changes in the new document. Please pay special attention to the footnotes which are provided as guidance for specific requirements. We encourage Program Directors to review this document thoroughly with the Physician Course Director and create the appropriate course documents to support the new requirements. Attached is an example of the documentation required to utilize the experiential learning. Program can use the attached forms or create their own as long as the required information is captured and retained by the program in the student's files. It is important to note that an I to P student must have been a cleared Intermediate for at least 2 years prior to requesting this waiver.

As always, if you have any questions or concerns, please don't hesitate to contact us.

Experiential Learning Credit for Experienced I-99 bridging to Paramedic via I to P Course

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

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AREAS	I to P Bridge Requirements	Maximum # of Experiential Credit	Required competencies for experienced I's
CLINICAL REQUIREMENTS:			
Emergency Department ¹	12 hrs	0 hrs	12 hrs
Critical Care Area ²	4 hrs	0 hrs	4 hrs
Pediatrics ³	4 hrs	0 hrs	4 hrs
Labor & Delivery ⁴	4 hrs	0 hrs	4 hrs
OR/Recovery	4 hrs	0 hrs	4 hrs
Other Clinical Settings ⁵	prn	0	prn
TOTAL MINIMUM CLINICAL HOURS⁶	72 hrs	0 hrs	72 hrs
ALS Medic Unit (Field Internship)	24 hrs	0 hrs	24 hrs
TOTAL MINIMUM FIELD/CLINICAL	96 Hours	0 Hours	96 Hours
TOTAL PATIENT CONTACTS⁶	60	30	30
COMPETENCIES:			
Trauma Assessment, pediatric ⁷	5	3	2
Trauma Assessment, adult	5	3	2
Trauma Assessment, geriatric	5	3	2
Medical Assessment, pediatric ⁷	5	3	2
Medical Assessment, adult	5	3	2
Medical Assessment, geriatric	5	3	2
Cardiovascular distress ⁸	10	5	5
Respiratory distress	10	5	5
Altered Mental Status	10	5	5
Obstetrics; delivery	2	1	1
Neonatal Assessment/care	2	1	1
Obstetrics Assessment	5	3	2
Med Administration	30	15	15
IV Access ⁹	-	-	-
Airway Management ¹⁰	25[10]	0	25[10]
Ventilate Non-Intubated Patient ^{9, 11}	-	-	-
Endotracheal Intubation ^{9, 12}	1 real Patient	1 real Patient	0
Team Leader on EMS Unit¹³	25 (15)	0	25 (15)

¹ May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.

² CCU, ICU, CC xport team, Cath Lab, etc.

³ PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

⁴ Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.

⁵ Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients

⁶ The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.

⁷ The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.

⁸ Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

⁹ Although students in bridge programs do not have minimums, the program must ensure continued skill competency.

¹⁰ Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation"

<http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf> In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.

¹¹ Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

¹² AEMT-I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.

¹³ The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory for current and future courses. Accredited Programs may set higher minimums or add to this list.

Verification of competency completion within last 2 years must be presented to the program (Agency summary reports, QA/QI, Copies of run reports with patient information redacted, etc.)

Virginia Intermediate to Paramedic Bridge Program

Experiential Competency Credit Packet

The goal of this packet is to help guide you through the process by which credit may be granted for past field medical experience gained as a cleared Intermediate. In order to be considered, you must have been a cleared Intermediate for at least 2 years prior to requesting the credit. You may only submit experience gained within the past 24 months prior to entering the program which must be documented and presented in a specific format. The information collected will be sent to the program medical director for review. The review process can take up to one month to be completed. It is imperative that all information contained in this packet be completely filled out prior to submitting for review to avoid any delays. Any incomplete packages will be returned to the student to be resubmitted. It is important to understand that the decision to grant credit for prior field experience is solely at the discretion of the program's medical director.

Please note: Credit through this process will only be considered for work/ experience performed after being released as an Intermediate, not while obtaining that level of certification - even if extra work was performed. Credit can only be given once.

The following information must be included in your package prior to submittal:

1. A cover letter requesting experiential competency credit to be granted. (Based on prior Field Experience)
2. Completed original of the I-P Competency Documentation (see attached) to document any and all skills performed within the past 24 consecutive months. This checklist should be annotated with the number of skills performed and time frame in which they were performed. This sheet must be endorsed by the agency's medical director, training officer and student.
3. Job description of clinical or field assignment. Employment specifics (place employed, length of time employed, number of hours per week, part-time, or full time). A resume can be used to satisfy this requirement provided it lists the above information
4. Education and training pertinent in either the in-hospital, or pre- hospital environment. This information can be included on the resume.
5. For military, please list length of time in service, training, duty stations, and any other specific information regarding education and training that may be beneficial in determining the amount of waiver credit the applicant may be eligible to receive.
6. Students must be an agency released Intermediate for at least 2 years. Students must submit a copy of their regional council's or agency letter of release.
7. Must submit signature page along with documentation.
8. A letter of endorsement from the student's medical director or training officer.

Virginia I-P Experiential Competency Documentation

Student Name: _____ Student ID Number: _____

(College ID/ or Cert #)

Date of application: _____

Field Agency: _____

Date Range: _____

(MM/DD/YYYY) – (MM/DD/YYYY)

Skills /Competency Performed	Number Performed	Maximum allowed for credit	Comments & Supervisor Signature
Trauma Assessment Pediatric		3	
Trauma Assessment, adult		3	
Trauma Assessment, geriatric		3	
Medical Assessment, pediatric		3	
Medical Assessment, adult		3	
Medical Assessment, geriatric		3	
Cardiovascular distress		5	
Respiratory distress		5	
Altered Mental Status		5	
Obstetrics; delivery		1	
Neonatal Assessment/care		1	

Obstetrics Assessment		3	
Med Administration		15	
Endotracheal Intubation		1 real pt	
Total Patient Contacts		30	

Medical Director

Signature: _____

Printed Name: _____

E-mail address: _____

Daytime Phone #: () - _____

Training Officer

Signature: _____

Printed Name: _____

E-mail address: _____

Daytime Phone #: () - _____

Student

Signature: _____

Printed Name: _____

Virginia Intermediate to Paramedic Bridge Program

Experiential Competency Waiver Signature Page

I _____, certify that all information submitted in the packet is complete and true. I also understand that any misinformation given is a direct violation of the college honor code, and is considered to be academic misconduct, and can be subject to disciplinary action, and/or dismissal from the college. I am aware that the Program Medical Director has the final determination as to how much waiver credit may or may not be granted.

Student Signature

Date